

**NC DHHS Division of MH/DD/SAS
CAP-MR/DD Crisis Services
Endorsement Check Sheet Instructions**

Introduction

Prior to site and service endorsement, business verification must take place. During the process of business verification, the provider organization submits a self study of the core rules (10A NCAC 27G .0201-.0204) verifying that they have met all the requirements therein. (The provider is not required to submit this if nationally accredited, licensed with DFS or has had a compliance review from NC Council of Community Programs within the past three years.) The documents created in adherence with the core rules should be utilized as evidence of provider compliance where noted in the check sheet and instructions.

The following set of instructions is to serve as general guidelines to facilitate the review of providers for endorsement. Service definitions, core rules (as noted above), staff definitions (10A NCAC 27G .104) and other DHHS communications (e.g. Service Records Manual, Communication Bulletins, Implementation Updates and other publications) should be used to support the reviewer's determination of compliance. In addition, the Business Entity Type Reference document (attached) assists to clarify the requirements for different business entities such as corporations, partnerships and limited liability corporations and partnerships.

Provider Requirements

In this section, the provider is reviewed to ascertain that requirements are met in order for services to be provided. The provision of services is addressed later in this endorsement process.

- 1. a-e.** Review identified documents for evidence that provider meets DMH/DD/SAS and DMA standards as related to administration responsibilities, financial oversight, clinical services and quality improvement. These standards include, but are not limited to, policies and procedures (contents of which are mandated in 10A NCAC 27G .0201 – Governing Body Policies) and the key documents required by law for the formation of the business entity (refer to attachment titled Business Entity Type).

Review documentation that demonstrates provider is a legal US business entity. Documentation should indicate the business entity is currently registered with the local municipality **or** the office of the NC Secretary of State, that the information registered with the local municipality **or** the Secretary of State is current, and that there are no dissolution, revocation or revenue suspension findings currently attached to the provider entity. Also review corporate documentation demonstrating registration to operate a business in NC. Information for corporate entities may be verified on the web site for the Secretary of State (refer to key documents section of attachment titled Business Entity Type).

Review the documentation that demonstrates the provider has been accredited by a designated accreditation agency. Within one year of waiver implementation or enrollment as a provider, the organization must have achieved national accreditation with one of the designated accrediting agencies

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2. Staffing Requirements

2a.-1. In this section, the reviewer is primarily concerned with the hiring practices of the provider and ensuring that all employees in place are equipped with the education, training and experience to work with the population served in the capacity and at the level of intervention for which they were hired. Staff providing the service of Crisis Services must meet requirements for paraprofessional in 10A NCAC 27G .0100-.0200. In addition, the staff must meet client specific competencies as identified by the participant's person centered planning team and documented in the Person Centered Plan/Plan of Care. These requirements must be met as outlined in the CAP-MR/DD waiver approved by the Centers for Medicaid and Medicare.

Review personnel files; supervision plans or other documentation that staff minimum requirements and supervision requirements are met. Review the job description for paraprofessionals and review the program description and personnel manual to determine the role and responsibilities of such staff and the expectation regarding supervision. Review the following for each paraprofessional:

- Employment application,
- Resume,
- Other documentation for evidence of at least a GED or high school diploma. Existing staff must have documentation of either High School diploma/GED or b) they will have 18 months to obtain their GED upon implementation of the waiver. All new staff (hired after 11-1-08) must have proof of High School Diploma or GED upon hire.
- Client Specific Competencies Trainings
- Staff must successfully complete First Aid, CPR and DMH/DD/SAS Core Competencies and required refresher training

Each paraprofessional must have an individualized supervision plan that is carried out by a Qualified Professional. Review supervision plans to ensure that each paraprofessional is receiving supervision and review notes, schedule and other supporting documentation that demonstrate on-going supervision by the Qualified Professional specified in 10A NCAC 27G. 0204. In addition, the Person Centered Plan/Plan of Care must be reviewed to determine the client specific competencies to be addressed for the participant.

Staff providing the Crisis Services must have additional training to address the behavioral issues, behavioral techniques, crisis plan, and behavior plan identified in the Person Centered Plan/Plan of Care and is **specifically trained to conduct behavioral intervention procedures**. Personnel files must be reviewed to determine that documentation reflects additional training specific to the behavioral intervention procedures. The reviewer should look for the following documentation:

- **Additional skill level**
- **Additional training so that a higher level of decision can be made**
- **Training on the crisis plan, behavior plan and crisis intervention techniques**

Review of personnel files should include review of:

- Documentation verifying criminal record check
- Healthcare registry check

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- Valid North Carolina or other State Drivers License and a driving record check if providing transportation.
- Have automobile liability insurance (copy of insurance and registration)

3. Service Type/Setting

3a.-e. Crisis Service provide one additional staff person, who is trained in behavior techniques, the individuals Person Centered Plan/Plan of Care, the crisis plan, and the behavior plan, to provide services for the waiver participant, as needed during an acute crisis situation so the recipient can continue to participate in his/her daily routine and/or residential setting without interruption.

Crisis Services is an immediate intervention available, 24 hours per day, 7 days per week to support other direct care staff, family members or primary caregivers. By providing this service, an imminent institutional admission may be avoided while protecting the person from harming themselves or others. It is appropriate to provide such support during periods of time in which the person is presenting episodes of dangerous, and potentially life threatening behaviors that require specialized staff intervention.

Crisis Services staff will support the implementation of the crisis intervention component/crisis plan of the formal behavior intervention program developed by a licensed psychologist under the definition of Behavior Consultation.

After any crisis event it is expected that recommendations and changes as needed be made to the intervention program and crisis plan within five business days. After the tenth day the team will reconvene to determine what additional steps need to be taken to de-escalate the crisis or prevent the crisis from reoccurring. .

Crisis Service is for participants receiving waiver funding who have intense behavioral needs.

This service may be provided at the same time of day that a person receives

- Adult Day Health
- Day Supports
- Home and Community Supports
- Individual and Caregiver Training
- Personal Care
- Residential Supports
- Supported Employment Transportation Or
- One of the regular Medicaid services that works directly with the person, such as PCS, Home Health Services, MH/DD/SAS Community Services or individual therapies.

4. Program/Clinical Requirements

The elements in this section pertain to the provider's having an understanding of the service of Crisis Services:

4a.-b. Review program description which should reflect that services were provided for the relief of the other direct care staff, family or primary caregiver. Program description should reflect that the service supports only those who are considered to be the primary

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caregiver, i.e. a person must be principally responsible for the care and supervision of the participant, and must maintain their primary residence at the same address as the covered participant.

Review the participant's Person Centered Plan/ Plan of Care to insure that the plan reflects the service is included related to Crisis Services. Review service notes to verify that the programming is consistent with individual needs (as indicated in the Person Centered Plan/Plan of Care). If Crisis Service is provided the program description should reflect how additional training is provided to staff. The Person Centered Plan/Plan of Care and personnel files should reflect additional training requirements and documentation to validate the need. The NC-SNAP should be reviewed since the specific behavioral needs of the participant are identified within the NC-SNAP.

5. Service Limitations:

5a-c. This service may not duplicate Behavior Consultation, level 1-3.

Services are to be provided in the person's residence or other naturally occurring environment in the community. Crisis Services may be authorized for periods of up to 15 calendar day increments, not to exceed 60 days. In circumstances requiring Crisis Services beyond 60 days a second level clinical review by designated DMH/DD/SAS staff in addition to the statewide utilization vendor must occur.

Crisis services can not exceed 2016 hours for the waiver year.

Documentation Requirements

Crisis Services will be documented by a service note Service notes shall include, but not be limited to, the following:

- full date the service provided (month/day/year);
- duration of service for periodic and day/night services;
- purpose of the contact as it relates to a goal in the service plan;
- description of the intervention/activity;
- assessment of consumer's progress toward goals;
- for professionals, signature and credentials, degree, or licensure of the clinician who provided the service;
- and, for paraprofessionals, signature and position of the individual who provided the service

A service note that reflects the elements noted above shall be documented at least daily per service by the individual who provided the service. The completion of a service note to reflect services provided shall be documented within 24 working hours.

Review the provider's Policy and Procedure Manual to verify that documentation requirements are consistent with requirements noted above. Review service notes to verify that documentation is consistent with requirements.